Indiana Department of Insurance Company Filing Checklist <u>GROUP</u> Accident & Health Policy Review Standards

(Checklist must be submitted with filing – attach as PDF document if filing electronically)

Company Name	e	Filing Date		
NAIC #	Type of product (use NAIC U	niform Coding N	Matrix)	
Form number(s	s)			
To be used with (check all	n: ☐ Single Employer Groups ☐	Multiple En	nployer Groups 🔲 Non-E	Employer Groups
	☐ Large Group ☐	Small Grou	p Other	
Association(s) _				
Statute/ Regulation	Requirement	N/A (If asking for special consideration on any item address in Cover Letter)	Location in Submitted Documents	FOR DOI USE ONLY Yes/No/Comments
General Filing Requirements				
VC 05 1 0 4	Filing Fee – You will be billed with a quarterly invoice for each filing for each company. The invoice will be for \$35 + any applicable retaliatory fee for each company included in filings based on your state of domicile's filing fee. Do NOT include a filing fee with this filing. NAIC Standard A & H Transmittal Sheet – use coding from NAIC Uniform Product Coding Matrix – Links to these items on the DOI website or www. NAIC.org			
IC 27-1-26	Flesch readability certification A cover letter does NOT have to be submitted IF all of the following information is included on the NAIC Standard A & H Transmittal Sheet (use Box 14 for any explanations normally included in a cover letter). If a cover letter is submitted it must be in duplicate w/one copy of all forms to be filed. If filing for more than one company, each company must be listed separately. The cover letter should include: a) A reference "Re:" line for each company with insurance company's name, NAIC number, and form number of each form to be filed. b) If there are numerous forms in one filing, please list on a separate sheet of paper and indicate in the reference line "see attached list." Please list the most			
	important form first and keep the same			

^{*} If the group is not employer-based, the insurer must offer the coverage.

	c) Name of contact person, w/e-mail		
	address, telephone and fax numbers. All correspondence will be done via		
	electronic communication when		
	possible. On all e-mails and other		
	correspondence, include NAIC		
	number, Company Name, lead form		
	number. <i>Items without these items will</i> not be processed. Any submission of		
	additional forms or materials should		
	include separate response letter, for		
	each filing being addressed.		
	d) The nature of the insurance product		
	(use descriptions from NAIC Uniform		
	Coding Matrix - e.g. Medicare		
	Supplement, individual, small group,		
	association group, employer group health insurance, etc.)		
	If filing paper, a postage-paid, self-		
	addressed envelope of adequate size to hold		
	the "approved" or "filed" stamped duplicate		
	correspondence and any extra copies of		
	forms that you wish to have returned.		
	(There is no need to send more than one		
	copy of the forms.)		
	If the filing is submitted by an outside		
	consulting firm, a letter giving authorization to file on behalf of the company(s). If you		
	are filing for multiple companies you must		
	submit an authorization from each		
	company, list each company separately on		
	the cover letter by NAIC #, Company		
	Name, and form #. And you must submit a		
	separate filing/retaliatory fee for each		
	company.		
	If you are filing for multiple companies, see		
	above instructions re cover letter and fees.		
	Please pre-sort the materials, by company, before sending.		
	All policies, applications, riders, etc. must		
	be in final print form with form numbers		
	printed in the lower left corner of each		
	form.		
	An actuarial memorandum and rates for all HMO forms if you are requesting rate		
	changes or the form changes have actuarial		
	consequence.		
LARGE GROUP			
A&H Policies			
must provide:			
IC 27-8-5-21	Adopted children		
760 IAC 1-39-7	AIDS, HIV and related conditions IF other		
	diseases covered (can't be unique		
70.000	exclusion)		
IC 27-8-5-26	Breast reconstruction & prosthesis		
	following mastectomy – must be covered		
IC 27-8-14.8	even if mastectomy covered by other carrier Colorectal cancer screening *		
	<u> </u>		
IC 27-8-5-27	Dental anesthesia/ hospitalization		
IC 27-8-14.5	Diabetes treatment, supplies, equipment &		
IC 27 9 5 10(a)(17)	education Handicapped children beyond the age of		
IC 27-8-5-19(c)(17)	Handicapped children beyond the age of maturity. (w/ 120 days notice to the		
	company)		
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IC 27-8-26	Individuals w/o regard to genetic testing		
IC 27-8-24-4	Infant screening tests required by IC 16-41-17-2		
IC 27-8-24.1	Inherited metabolic disease (PKU)		
IC 27-8-14	Mammography *		
	(Baseline, then 1 per year after 40 unless high risk)		
IC 27-8-5-15.6	Mental health parity, IF mental health benefits offered		
IC 27-8-24	Minimum maternity stays, IF maternity benefits offered		
IC 27-8-5.6-2(b)	Newborns		
IC 27-8-20	Off-label use of certain drugs, IF drugs are covered		
IC 27-8-14.2-4	Pervasive development disorders including Autism and Asperger's		
IC 27-8-5-2.5	Pre-existing conditions after 12 months.		
IC 27-8-5-19(c)(18)	UNLESS employee has previous creditable coverage		
IC 27-8-14.7	Prostate cancer screening *		
	(1 per year after 50 unless high risk)		
IC 27-8-24.3	Victims of abuse w/o regard to the abuse		
A LARGE GROUP Policy Must OFFER			
IC 27-8-14.1	Coverage for Surgical Treatment of Morbid Obesity		
COBRA/ERISA	Opportunity for COBRA coverage if employer has 20 or more employees		
27-8-5-15.6(e)	Substance Abuse Parity – If substance abuse treatment needed in relation to mental health treatment must offer to provide coverage in parity with other medical benefits.		
HIPAA Portability and Renewability Requirements for LARGE GROUPS			
IC 27-8-5-19(c)(18)	Insurer must recognize previous creditable coverage (w/ no exclusion for pre-existing conditions)		
IC 27-8-5-19(c)(18)	Coverage is guaranteed renewable (unless non-payment of premiums, etc.)		
Required Benefits for SMALL GROUP A&H Policies	Small Employer = Employer that has between 2 and 50 employees hired to work 30 or more hours per week.		
IC 27-8-5-21	Adopted children		
760 IAC 1-39-7	AIDS, HIV and related conditions IF other diseases covered (can't be unique exclusion)		
IC 27-8-5-26	Breast reconstruction & prosthesis following mastectomy – must be covered even if mastectomy covered by other carrier		
IC 27-8-14.8	Colorectal cancer screening *		
IC 27-8-5-27	Dental anesthesia/ hospitalization		
IC 27-8-14.5	Diabetes treatment, supplies, equipment and education		
IC 27-8-5-19(c)(17)	Handicapped children beyond the age of		

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IC 27-8-24.3	Victims of abuse w/o regard to the abuse		
IC 27-8-15-27	Pre-existing conditions after 9 months.		
IC 27-8-15-28	UNLESS employee has previous creditable coverage		
A SMALL GROUP Policy Must OFFER in addition	Small Employer = One that has between 2 and 50 employees hired to work at least 30 hours per week		
COBRA/ERISA	Opportunity for COBRA coverage if		
	employer has 20 or more employees		
IC 27-8-15-31	An individual conversion policy (This right should be disclosed in the certificate.)		
HIPAA Portability and Renewability Requirements for SMALL GROUPS	Small group = 2 employees to 50 employees hired to work at least 30 hours per week.		
HIPAA	Policy is guaranteed renewable and may not be cancelled (unless for non-payment of premiums, etc.)		
IC 27-8-15-29	Late enrollees may have to wait 15 months		
Required Provisions for All Group A&H Policies	The following rights of insurers and insureds must be disclosed in group accident and sickness policies issued in Indiana. Exact wording is not required, as long as the substance matches the statutory language, or is more favorable to the insured or policyholder.		
IC 27-8-5-19(c)(1)	GRACE PERIOD: The policyholder has a grace period of 31 days for payment of premium due, except the first premium. Policy remains in force during the grace period, but insurer may hold claims incurred during grace period until premium is received.		
IC 27-8-5-19(c)(2)	incontestability: Validity of policy may not be contested after 2 years except for a) nonpayment of premiums, or if b) the disputed statement is in a written instrument signed by insured. Ineligibility of insured or enrollee under the policy may be disputed any time.		

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IC 27-8-5-19(c)(3)	COPY OF APPLICATION : If there is an		
	application, a copy must be attached to the		
	policy at issue. Statements made by persons		
	insured are representations, not warranties,		
	and must be provided to insured persons in		
	case of a dispute.		
IC 27-8-5-19(c)(4)	EVIDENCE OF INSURABILITY:		
IC 27-8-3-19(C)(4)	Insurers may reserve the right to require		
	individual evidence of insurability as a		
IC 27 9 5 10(\/5)	condition of coverage.		
IC 27-8-5-19(c)(5)	PRE-EXISTING CONDITION		
applies to groups	DEFINITION AND LIMITATIONS : a)		
other than those of	Medical advice, diagnosis, care or treatment		
IC 27-8-5-2.5(a)(1)	must have been received or recommended		
thru (5) (excludes	during 6 months before enrollment; and b)		
accident only, credit,			
dental, vision, Medicare Supplement, long term	May not apply to a loss that occurs 12		
care, disability income,	months after enrollment, or 18 months for a		
supplement to liability,	late enrollee. (NOTE: for a small group		
auto medical, specified	employer, the limitation is 9 months.) See		
disease issued as individual, limited benefit	sections 2.5(a)(1) through 2.5(a)(8) for		
issued as individual, short	excluded policies. (Also doesn't apply to		
term that may not be			
renewed and has duration	policies insuring lives of debtors)		
of 6 months or less, and			
worker's compensation)	EVOLUCIONO OD LIMITA PLONO E		
IC 27-8-5-19(c)(6)	EXCLUSIONS OR LIMITATIONS: For		
(Applies only to accident only, credit, dental, vision,	policies described in sections 2.5(a)(1)		
Medicare Supplement,	through 2.5(a)(8), any additional exclusions		
long term care, disability	or limitations for a disease/physical		
income, supplement to	condition that existed before the effective		
liability, auto medical,	date, a) may apply only if advice or		
disability income,	treatment was received during 365 days		
supplement to liability, auto medical, specified	before effective date and b) may not apply		
disease issued as	to a loss or disability beginning after the		
individual, limited benefit	earlier of: 1) 365 days after effective date of		
issued as individual, short	coverage which no medical advice or		
term that may not be renewed and has duration			
of 6 months or less, and	treatment or 2) 2 years after coverage		
worker's compensation)	began.		
IC 27-8-5-19(c)(7)	MISSTATEMENT OF AGE: Clear		
	statement of how premiums, benefits or		
	both will be fairly adjusted if covered		
	person's age is misstated and if premiums		
	and benefits vary by age.		
IC 27 9 5 10(a)(9)	CERTIFICATE: Insurer must issue to		
IC 27-8-5-19(c)(8)	policyholder, for delivery to each insured		
	person, a certificate of coverage explaining		
	the protection, to whom the benefits are		
	payable, and each family member and		
	dependent's coverage. (See (16) for debtor's		
	certificate.)		
IC 27 9 5 10(-)(0)	TIMELY NOTICE OF CLAIM: Insured		
IC 27-8-5-19(c)(9)			
	must provide written notice of claim within		
	20 days after occurrence or commencement		
	of loss, or as soon as reasonably possible.		
IC 27-8-5-19(c)(10)	CLAIM FORMS: Insurer must provide		
	forms for filing proof of loss within 15 days		
	of notice of claim, or claimants can submit		
	their own.		
IC 27-8-5-19(c)(11)	PROOF OF LOSS : a) For disability claim,		
	written proof of loss must be provided		
	within 90 days of commencement of		
	insurer's liability and at reasonable intervals		
	thereafter if required. B) For other loss,		
	written proof must be furnished within 90		
	days of loss. C) Claim will not be reduced if		
	a) or b) was not reasonably possible but no		
IC 27 9 5 107 \/12\	later than 1 year after requirement.		
IC 27-8-5-19(c)(12)	TIMELY PAYMENT OF CLAIMS:		
& IC 27-8-5.7 (For	Current law requires that claims be paid		
policies issued,	within 45 days after insurer receives all		

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delivered or reviewed girth Anne 30, 2001, see IC 27- 50, see IC 27- 50, see IC 27- 50, see IC 27- 50, see IC 27-					
### Common Commo	delivered or	necessary information, except for loss of			
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IC 27-8-5-19(c)(15) IC 27-8-5-19(c)(17) IC 27-8-5-19(c)(18) IC 27-8-5					
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 $^{^{\}star}$ If the group is not employer-based, the insurer must offer the coverage.